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<p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>		Complete if Known	
		Application Number	10645426
		Filing Date	8/21/2003
		First Named Inventor	M. Seul
		Art Unit	1634
		Examiner Name	P. DO
Sheet		of	
		Attorney Docket Number	
		LEAPS-C11	

NON PATENT LITERATURE DOCUMENTS

Examiner Signature	/Pensee Do/	Date Considered	09/28/2009
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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